

**Report of Examination  
(Physician, Psychiatrist and/or Psychologist)  
§51.20, Wis. Stats.**

***INSTRUCTIONS***

This report will be used in a legal proceeding to determine if this subject individual should be involuntarily committed for treatment.

**This report must be received by the court at least 48 hours prior to the scheduled hearing, excluding Saturdays, Sundays and legal holidays. However, if this is a reexamination under §51.20(16) Wis. Stats., the report must be received by the court at least 7 days prior to the scheduled hearing, excluding Saturdays, Sundays and legal holidays.**

Please answer the questions to the best of your ability to a reasonable degree of professional/medical certainty. Any questions that you cannot answer should be marked "unknown". **Type or print your answers neatly.** You may supplement this report with attachments.

You must inform the subject individual of his/her rights as set forth in the Report of Examination prior to the examination.

***DEFINITIONS***

**Mental Illness**

A substantial disorder of thought, mood, perception, orientation or memory which grossly impairs judgment, behavior, capacity to recognize reality, or the ability to meet the ordinary demands of life, but does not include alcoholism.

**Drug Dependent**

An individual is drug dependent when the individual uses one or more drugs to the extent that the person's health is substantially impaired or the person's social or economic functioning is substantially disrupted.

**Developmental Disability**

A disability attributable to brain injury, cerebral palsy, epilepsy, autism, Prader-Willi syndrome, intellectual disability, or another neurological condition closely related to an intellectual disability or requiring treatment similar to that required for individuals with an intellectual disability, which has continued or can be expected to continue indefinitely and constitutes a substantial handicap to the afflicted individual. "Developmental disability" does not include dementia that is primarily caused by degenerative brain disorder.

**(This Instruction Page should NOT be submitted to the Court)**

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

☐ Amended

IN THE MATTER OF

**Report of Examination  
§51.20, Wis. Stats.**\_\_\_\_\_  
Name of Subject Individual

Case No. \_\_\_\_\_

\_\_\_\_\_  
Date of BirthName of Examiner: \_\_\_\_\_ ☐ Psychiatrist ☐ Psychologist ☐ Licensed Physician

Date of Examination: \_\_\_\_\_ Time spent with subject individual: \_\_\_\_\_

Place of Examination: \_\_\_\_\_

If you were unable to *personally* examine the subject individual, please explain: \_\_\_\_\_Collateral sources used as part of your examination

Records: \_\_\_\_\_

Interviews with others: \_\_\_\_\_

Other: \_\_\_\_\_

Brief History: [Report relevant social and medical history, including information from collateral sources] \_\_\_\_\_

Prior to the examination, did you inform the subject individual:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| A. Of the nature and reasons for the examination?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. That the examination was ordered by the Court?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. That statements made can be used as a basis for commitment?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Of the right to remain silent during the course of the examination?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. That you are required to make a report to the Court even if he/she remains silent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "No" to any question, please explain: \_\_\_\_\_

Did the subject individual appear to understand his/her rights? ☐ Yes ☐ No**CONFIDENTIAL COURT RECORD**

**EXAMINATION****1. Psychotropic Medications**

- A. What psychotropic medication and dosage [if any] is being administered to the subject individual?

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- B. How does this medication affect the subject individual's ability to understand the instructions of the examination?

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**2. Subject Individual's Statement**

- A. Summarize any relevant information obtained from the subject individual pertaining to past history and present events:

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- B. Summarize any relevant information obtained from the subject individual pertaining to the incidents leading to detention, or leading to commitment if the subject individual is currently under a commitment order:

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**3. Subject Individual's Presentation**

- A. Describe the subject individual's behavior: (Consider his/her reaction to the examination, general appearance, motor behavior, facial expressions, voice and speech, affect and mood)

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- B. Describe the subject individual's thought content and processes: (Consider presence of compulsions, depressive or manic trends, hallucinations, delusions, grandiosity, persecutory trends)

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- C. Describe the subject individual's sensorium: (Orientation, memory, insight, judgment, abstract thinking, general fund of knowledge) \_\_\_\_\_

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**EXAMINER'S OPINIONS**

4. The subject individual is:

- ☐ Mentally Ill. ☐ Drug Dependent. ☐ Developmentally Disabled.  
☐ None of the above.

Explain (Include diagnosis, if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. ☐ A. The subject individual is dangerous because he/she evidences one or more of the following:

- ☐ (1) A substantial probability of physical harm to himself/herself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm.
- ☐ (2) A substantial probability of physical harm to other subjects as manifested by evidence of recent homicidal or other violent behavior, or by evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt or threat to do serious physical harm.
- ☐ (3) Such impaired judgment, manifested by evidence of a pattern of recent acts or omissions, that there is a substantial probability of physical impairment or injury to himself/herself or other individuals. (The probability of physical impairment or injury is not substantial if reasonable provision for the subject individual's protection is available in the community and there is a reasonable probability that the subject individual may be provided protective placement or protective services under Ch. 55. Food, shelter or other care provided to the subject individual who is substantially incapable of obtaining the care for himself or herself, by a person other than a treatment facility, does not constitute reasonable provision for the subject individual's protection available in the community.)
- ☐ (4) Behavior manifested by recent acts or omissions that, due to mental illness, the subject individual is unable to satisfy basic needs for nourishment, medical care, shelter or safety without prompt and adequate treatment so that a substantial probability exists that death, serious physical injury, serious physical debilitation or serious physical disease will imminently ensue unless the subject individual receives prompt and adequate treatment for this mental illness. (No substantial probability of harm exists if reasonable provision for the subject individual's treatment and protection is available in the community and there is a reasonable probability that the subject individual will avail himself or herself of these services, if the subject individual may be provided protective placement or protective services under Ch. 55. Food, shelter or other care provided to the subject individual who is substantially incapable of obtaining the care for himself or herself, by a person other than a treatment facility, does not constitute reasonable provision for the subject individual's protection available in the community.)
- ☐ (5) There is a substantial probability, as demonstrated by both the subject individual's treatment history and the subject individual's recent acts or omissions, that the subject individual needs care or treatment to prevent further disability or deterioration, and further, there exists a substantial probability that if left untreated, the subject individual will lack the services necessary for his/her health or safety, and will suffer severe mental, emotional or physical harm that will result in loss of ability to function independently in the community or the loss of cognitive or volitional control over the subject individual's thoughts or actions. There is a reasonable probability that the subject individual will not avail himself/herself of services in the community for care or treatment necessary to prevent the subject individual from suffering severe mental, emotional or physical harm, and the subject individual is not appropriate for protective placement or protective services under Ch. 55, Wis. Stats.
- ☐ (6) If this is an examination for the purpose of recommitment, there is a substantial likelihood, based on the subject individual's treatment record, that the subject individual would be a proper subject for commitment if treatment were withdrawn.

☐ B. I do not believe the subject individual is dangerous.

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6. Relevant information relative to dangerousness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. The subject individual is a proper subject for treatment. (*Treatment is defined as those psychological, educational, social, chemical, medical or somatic techniques designed to bring about rehabilitation of a mentally ill, drug dependent or developmentally disabled person.*) ☐ Yes ☐ No
8. The least restrictive treatment consistent with the needs of the subject individual is:  
☐ Locked inpatient. ☐ Unlocked inpatient. ☐ Outpatient.
9. Will medication or treatment unreasonably impair the ability of the subject individual to prepare for or participate in subsequent legal proceedings? ☐ Yes ☐ No  
Explain: \_\_\_\_\_  
\_\_\_\_\_
10. Statement Regarding Involuntary Medication or Treatment  
A. Will medication or treatment have therapeutic value for the subject individual? ☐ Yes ☐ No  
B. Will medication or treatment unreasonably impair the ability of the subject individual to prepare for or participate in subsequent legal proceedings? ☐ Yes ☐ No  
Explain: \_\_\_\_\_  
\_\_\_\_\_
11. Did you explain the advantages, disadvantages, and alternatives to the recommended medication or treatment to the subject individual? ☐ Yes ☐ No  
A. List the advantages explained: \_\_\_\_\_  
B. List the disadvantages explained: \_\_\_\_\_  
C. List the alternatives explained: \_\_\_\_\_
12. Is the subject individual incapable of expressing an understanding of the advantages, disadvantages and alternatives to accepting the recommended medication or treatment? ☐ Yes ☐ No  
Explain: \_\_\_\_\_  
\_\_\_\_\_
13. Is the subject individual substantially incapable of applying an understanding of the advantages, disadvantages and alternatives to his/her condition in order to make an informed choice as to whether to accept or refuse the recommended medication or treatment? ☐ Yes ☐ No  
Explain: \_\_\_\_\_  
\_\_\_\_\_
14. If you answered "Yes" to question 12 or 13, what is the cause of the subject individual's inability to express or apply an understanding: ☐ Mental Illness ☐ Drug Dependency ☐ Developmental Disability
15. **Additional Comments/Recommendations:** ☐ See Attached  
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**TO THE COURT:**

I am the undersigned examiner and report that I have by examination satisfied myself as to the condition of  
[Subject Individual] \_\_\_\_\_ and the results of such examination are contained in this document.

**DISTRIBUTION:**

1. Original: Court
2. Subject Individual's Attorney
3. Corporation Counsel

\_\_\_\_\_  
Examiner\_\_\_\_\_  
Name Printed or Typed\_\_\_\_\_  
Date**CONFIDENTIAL COURT RECORD**